

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo					
Full Name of Contributor Bruce Bailey				Registration Number, if PAC	
Street Address 33 E Schrock Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		Sta te OH	Zip Code 43081	Y 1	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Brian Barnes				Registration Number, if PAC	
Street Address 4077 Delancy Park Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City Dublin		Sta te OH	Zip Code 43016	Y 1	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy McGrath				Registration Number, if PAC	
Street Address 5305 Rocky Creek Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City Grove City		Sta te OH	Zip Code 43123	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Schoffenstein Zox & Dunn PAC				Registration Number, if PAC OH1310	
Street Address 250 West St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		Sta te OH	Zip Code 43215	Y 1	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Terry Arnold				Registration Number, if PAC	
Street Address 7200 Lakebrook Blvd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		Sta te OH	Zip Code 43235	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey Barnes				Registration Number, if PAC	
Street Address 960 Perry St., Apt 311		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		Sta te OH	Zip Code 43215	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Tim Gerrity				Registration Number, if PAC	
Street Address 400 S Fifth St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		Sta te OH	Zip Code 43215	Y 1	Amount \$250.00
				Form (Cash, Check, etc.) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ **\$1,550.00**